

Submitted Evaluation Assignment Processing Closed

Request Details

Tracking Number : DON-NAVY-2017-000199
Requester : Ms. Kathleen Casey
Organization : American Bridge 21st Century
Requester Has Account : No
Email Address : kcasey@americanbridge.org
Phone Number : N/A
Fax Number : N/A
Address : 455 Massachusetts Avenue
NW Suite 280
City : Washington
State/Province : DC
Zip Code/Postal Code : 20001

Submitted Date : 10/12/2016
Last Assigned Date : 10/04/2017
Fee Limit : \$200.00
Request Track : Simple
Due Date : N/A
Assigned To : Chief of Naval Operations
Last Assigned By : (b)(6) (Chief of Naval Operations)

Submission Details

Case File

Admin Cost

Assigned Tasks

Comments (2)

Review

Request Handling

Requester Info Available to the Public : No
Request Track : Simple
Fee Category : Other
Fee Waiver Requested: No
Fee Waiver Status: N/A
Expedited Processing Requested :
Expedited Processing Status : N/A

Request Perfected : No
Appellate Authority : OJAG14
Acknowledgement Sent Date: 10/4/17
Unusual Circumstances ? : No
5 Day Notifications: ☐
Litigation : No

Request Description

Short Description :

Third-Party Mentioning of a name

Part A -- FOIA Requests That Mention "Mark Kirk". I am requesting copies of all record requests submitted [under the Freedom of Information Act] to your agency between January 1, 2010 and August 9, 2016 that contained the phrase "Mark Kirk" in it. This should include the following FOIA requests: Part B -- Responsive records provided for all FOIAs that mention "Mark Kirk". In addition, I am also requesting copies of all responsive records provided for the requests identified in Part A as available.

Description Available to the Public : No

Has Description Been Modified?

Additional Information

Case # : 2016-008772
Name of Local Command : DNS-36
Contract/Sol.# :
Limit Request To Clearly Releasable Info : Select Limit Request To Clearly Releasable Info



DEPARTMENT OF THE NAVY
NAVY PERSONNEL COMMAND
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20170020
October 18, 2016

Ms. Kathleen Casey
455 Massachusetts Avenue NW
Washington, DC 20001

Dear Ms. Casey:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a copy of DD Form 214 documentation pertaining to Mark S. Kirk. Your request was received in this office on October 17, 2016, has been assigned FOIA case file number CNPC20170020 by this command.

A releasable "best copy" of available responsive documentation is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Mark S. Kirk and other identified individuals.

Because your request has been partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at

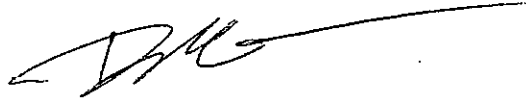
5720

PERS 00J6/20170020

October 18, 2016

(901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or at (703) 697-0031.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. P. German', with a long horizontal stroke extending to the right.

D. P. GERMAN
FOIA/PA Officer
By direction

**ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID**

ALTERATIONS

SERVICE - 2

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>. To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle) Kirk, Mark, Steven	2. SOCIAL SECURITY #	3. DATE OF BIRTH 05/15/1959	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	USN-US Navy	1981	2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	USN-US Navy	2002	2014	<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? ☒ NO ☐ YES - *MUST* provide Date of Death if veteran is deceased:

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☒ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran:

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.

☐ Medical Records includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:

☐ Other (Specify):

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: Public Records Research

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Kathleen Casey

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*)

(Relationship to deceased veteran)

3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Kathleen Casey

Name

455 Massachusetts Ave NW

280

Street

Apt.

Washington

DC

20001

City

State

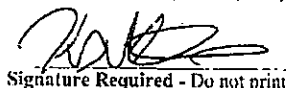
Zip Code

☐ I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

☒ OTHER
Public Records Researcher

(Specify type of Other)

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)


Signature Required - Do not print
(202) 370-1327

10-17-16
Date

(202) 315-0384

Daytime phone

Fax Number

Kcasey@americanbridge.org

Email address